

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8	1					
9		(1)				
10		1				
11		(1)				
12		2				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
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50						
TOTAL IND.	2	1				
TOTAL DEP.	17					
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						